Arizona Region of USA Volleyball
Team Registration Form

Club Name: _____ Team Name: _____

Jr Age Group or Adult Level: _____ Rank of this team in this age group in your club: _____
(example: 12's or B) (ex, 15-2)

Team Rep _____ Email: _____
Print Name

Primary Phone: _____ Alternate Phone: _____

Region Use											
R	BG	SS	I	SS	BC	CF	Name	Date of birth	*Type	Jersey #	Notes

***Type: Please indicate by the following letters the type of registration for each member.**
Head Coach - HC Asst Coach - AC Player - P Director - D Team Rep - TR Chaperone - CH

Team Registration Fees
**Junior teams registering but not participating in the AZ Region tournament series - $1000 per team registration fee
Team Registration Fees are due at the time this form is submitted to register the team for Region tournament play.

As Team Representative of this team, I attest that this is the roster for the above referenced team. I will not allow anyone to participate on this team that is not listed above and a registered member of the current season. I may add players/chaperones/coaches at a later date by contacting the Region Office and placing their name on this roster.

_____
Signature of Team Representative Date

Arizona Region of USA Volleyball
2220 S. Country Club Dr, Ste 108
Mesa, AZ 85210